



Michigan Department Of Agriculture
PESTICIDE & PLANT PEST MANAGEMENT DIVISION
PESTICIDE APPLICATION BUSINESS LICENSE
RENEWAL FOR _____

IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 451 PART 83, PUBLIC ACTS OF 1994 AS AMENDED, APPLICATION IS HEREBY MADE FOR COMMERCIAL PESTICIDE APPLICATOR'S LICENSE.

1. Mailing Address		LICENSE FEE: \$100.00 Payable to "State of Michigan"																		
		2. County _____ Region _____ <div style="text-align: right;">Renew <input type="checkbox"/> Decline Renewal <input type="checkbox"/></div>																		
		3. Emergency Name and Phone # (24 hour # & Contact Person)																		
5. Physical Address if different from Mailing Address		4. Email Address																		
		6. Business Phone #	7. Business Fax #																	
8. Corporation in Michigan (Including LLC) ID # _____		9. Enclose copy of Assumed Name Expire: _____																		
10. Enclose copy of Insurance Expire: _____																				
11. INDICATE CATEGORY(S) Please mark all category(s) you wish to renew with an asterisk (*) in the list below. NOTE: The firm must employ at least one full time, certified, qualifying applicator at each business location for every category(s) of pesticide application in which the firm intends to conduct business.																				
00	1A	1B	1C	1D	2	2A	3A	3B	4	5	5A	5B	5C	6	7A	7B	7D	7E	7F	7G
8	9	10	AE	FUM																

12. List all applicators in this area including First name, Last Name, Certification number and expiration date

ALL LICENSE APPLICANTS	
13. This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act No. 451 Part 83, P.A. of 1994 as amended and all regulations promulgated thereunder.	
Print Applicant Name	Title
Applicant (Signature)	Date
This license will <i>NOT</i> be issued without the above signature, title and date!	

PI-079c(Rev.9/21/05)

P.O. Box 30776, Lansing MI 48909
(517) 335-4095 - FAX (517) 335-4540
www.michigan.gov/mda

PAB LICENSE RENEWAL APPLICATION INSTRUCTIONS

Application fees submitted under this section are not refundable per Act 451, Part 83, Section 8317

1. You must legibly print the firm's name (full legal name of the business per current articles of incorporation or current county assumed name certificate) and correct mailing address.
FIRM NAME: legibly print the firm's legal name (must match corporation documents or assumed name certificate)
MAILING ADDRESS: legibly print the correct mailing address. **NOTE: *POST OFFICE BOXES ARE ACCEPTABLE FOR MAILING ADDRESSES.***
2. You must legibly print the county name where the business is physically located.
- 3-4. You must legibly fill in the name and telephone number of a representative of the firm who may be reached 24 hours of the day in the event of an emergency. If the firm has a business e-mail address, you must legibly print the correct email address in this box.
5. You must legibly print the firm's **physical** street address, city, state, and zip code. **NOTE: *POST OFFICE BOXES ARE NOT ACCEPTABLE FOR PHYSICAL ADDRESSES.***
- 6-7. You must legibly print the firm's telephone number. If the firm has a business fax number, you must legibly print the fax number.
8. If the business is a Michigan Corporation (including limited liability corporation), fill in your current incorporation ID# in this box and the date you filed with the Michigan Department of Labor & Economic Growth (DLEG). **NOTE: *Out of state companies must be authorized to conduct business in the State of Michigan. A copy of that authorization must be on file with MDA.*** You can apply for this authorization at the Michigan Department of Labor & Economic Growth, Michigan Corporation Division (MCD), telephone (517) 241-6470, fax (517) 334-8329 for more information go to MCD's website at www.michigan.gov/corporations
9. If the business operates under an assumed name/or is a partnership; you must provide us with a valid copy of your assumed name document from the county where the business is physically located. (Certificate expires five years from date of filing with county clerk). You must write in the expiration date of this assumed name certificate in box 9.
10. You must legibly print the name of your liability insurance company and the expiration date of your current policy. **NOTE: the minimum liability insurance requirements as specified in Act 451, Part 83, Pesticide Control, Section 8313, and Regulation 636, Rule 14 are as follows:**

Regulation 636, Rule 14.

- (1) A licensed commercial applicator shall maintain comprehensive general liability insurance for bodily injury and property damage during the licensing period or during the period of time necessary to span a seasonal operation, except as provided in subrule (5) of this rule. The insurance shall not exclude coverage for bodily injury and property damage which arise from pesticide applications.
 - (2) Minimum insurance coverage for persons who are engaged in aerial application, space fumigation, or right-of-way pest management shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage or a combined single limit of \$300,000.00 for bodily injury and property damage.
 - (3) Minimum insurance for persons who are licensed in a category or subcategory described in R 285.636.3 shall be \$100,000.00 for each occurrence for bodily injury and \$25,000.00 for each occurrence for property damage, except as prescribed in subrule (2) of this rule.
 - (4) If an applicant is qualified for a license in 2 or more application categories with different minimum financial responsibilities, the greater requirement shall apply.
 - (5) A single comprehensive general liability insurance policy, as prescribed in subrules (2) and (3) of this rule, may be written to provide financial responsibility coverage for more than 1 licensed place of business owned and operated by the same person.
11. Indicate the categories that you intend to be in the business of commercially applying pesticides by marking the box(es) with an asterisk (*). **NOTE: the firm must employ at least one full time certified qualifying applicator at each business location, available during regular business hours who is certified in the category(s) of pesticide application the firm intends to conduct business in.**
 12. You must legibly print **all** the names (first, last), commercial certification or registration numbers, and expiration dates for **all** applicators employed by your firm. You must all legibly print the total number of certified commercial applicators and the total number of registered technicians employed by your firm. Use an additional sheet if necessary. **NOTE: At least one certified applicator at your firm must provide pesticide application experience and/or college degree information, in a notarized statement (Use PI-217 Form) that must be attached to this license application, as specified in Act 451, Part 83, Pesticide Control, Section 8313. At least one of the following requirements must be met:**
 - a. Service for not less than 2 application seasons as an employee of a commercial applicator, or comparable education and experience as determined by the director.
 - b. A baccalaureate degree from a recognized college or university in a discipline that provides education regarding pests and the control of pests and 1 application season of service as an employee of a commercial applicator.

The statement (PI-217 form) must list the firm name, address, phone number, and pesticide application experience and/or college degree information for the qualifying certified individual and **must be attached to this application, and must be NOTARIZED by a Notary Public.**

13. You must legibly print the applicant's name, title, and date of the application. The applicant must sign the application. **THE LICENSE WILL NOT BE ISSUED WITHOUT THE SIGNATURE OF THE APPLICANT.**

REMINDER - Mailing your application to the wrong address will delay your license! There are now two separate MDA P.O. Box addresses. You must use P.O. Box 30776, (on your application) to renew your license, and P.O. Box 30017 to decline your license.
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